Project Name: EMRS Project
Agency: Department of Corrections
Business Unit/Program Area: Medical Services Division
Project Sponsor: Dave Huhncke, Kathy Bachmeier
Project Manager: Vince Salzer

Project Description
Implement an electronic medical record system (EMRS) that allows all the Department of Corrections Medical Departments to administer, manage and record all aspects of medical care provided to both adult and juvenile offenders. In addition, the EMRS will provide an integrated pharmacy system that will service the agencies needs providing automated drug inventory ordering, dosage tracking and drug cost analysis reporting for agency budgeting and legislative reporting.

Business Need or Problem
North Dakota Department of Correction and Rehabilitation manages active medical records for 1450 adult offenders in four different institutions and 100 active juvenile medical records in a juvenile correctional center. Populations are constantly moving within the correctional system. The adult system has up to 100 new arrivals monthly and the juvenile correctional center has up to 30 new arrivals monthly. The American Correctional Association (ACA) standard, which is the accreditation agency for the Department of Corrections states, “the medical file must follow the offender.” Medical files of offenders are large and difficult to transport, such is the case when overcrowding in institutions occurs. North Dakota county jails are used as temporary offender housing when the DOCR has reached its maximum inmate count. Medical records have to be maintained in the DOCR medical departments. In order to follow correctional standards large amounts of medical record copying is required for those inmates now housed in county jails. The copied medical record is sent to the county jail in order to satisfy ACA standards. This is only one example of the labor-intensive task of managing inmate medical paper files. Medical department staffs such as physician, dentist, pharmacist, nurses, psychiatrists and clerks maintain a paper system for medical work completion. Much of the work in an Electronic Medical Record System would be completed by one provider inputting offender data and orders, thus alerting other medical staff of medical orders, medication etc. that need to be completed. Currently, all medical business processes are done in a paper driven system. The EMRS would free up medical staff for more clinical duties and provide for more accountability concerning the cost of heath care for ND inmates and youth offenders. The medical department needs to become more efficient and reduce dependence on outdated labor-intensive practices that no longer serve the agency or the States best interest.

Key Metrics		
Project Start Date	Estimated Length of Project	Estimated Cost
September 22, 2008	7 months	$858,537.00

Benefits to Be Achieved and Cost/Benefit Analysis

Following is a projection of hours and money to be saved by electronics medical records:

- 20-30 hours a week a spent filing reports in medical files and copying medical records to send to county jails or medical providers who are doing medical care for discharged offenders. This would now be done electronically. Estimate savings, $30.00 hours x $8.00 an hour = $240.00 a week

- Large volume of paper used by medical department for copying and forms. Estimate savings, $200.00 a week.

- Nurses, clerks, physician, physician assistant spend many hours each week looking for a chart that was already pulled by another providers. Estimate savings, $200.00 a week.

- Nurses have to gather complete paper medical, dental and medication administration records, and insure their secure delivery for approximately 10 to 15 inmate transfers to other facilities and programs each week. Estimate savings, $20.00 x 1.5 hours weekly= $30.00 a week.

- The transcribing of physician orders into a paper system. Scheduling doctor, lab, dental, psychiatry, optometry and radiology calls. Currently have a clerk whose position is just this duty. Estimate saving, $8.00 an hour x 40= $320.00 a week.

- Total estimate savings equal $990 a week, plus benefits which brings it to $1485. This is $77,220 per year which makes a payback of 13 years ($1,000,000 Cost) for this system.

Additional Benefits

- The electronic medication administration record (MAR) would ensure right offender, right route of administration, right dose of medication, right time of delivery and right documentation. This would free up nurse time allowing more clinical delivery time.

- Reduction of stress to medical staff, less sick and personal time off, thus increasing productivity and staff morale.

- Provide electronic records history of all treatment received by DOCR offenders which will be used to provide for more accurate budget projections.

- Provide for HIPPA requirements both now and in the future to avoid potential litigation.

- Provide electronic records history of all treatment received by DOCR offenders which will be used to provide evidence in the event of offender lawsuits related to offender medical care and treatments provided.

Key Constraints or Risks

Failure to Implement the EMRS solution:

- Will increase the risk of litigation regarding the agencies ability to provide for current and future HIPPA and other pending federal requirements. The Juvenile division is required to be HIPPA compliant, while at this time the Adult division is not required to be HIPPA compliant.
- Will increase the risk of medical malfeasance.
- Will not provide a means for the agency to track and accurately report medical costs.
- Will not provide a means to improve critical operational inefficiencies, therefore insuring that the agency may not be capable of carrying out its' responsibilities in the medical division with a determined level of confidence.
- Will increase the risks associated with treating an increasing inmate population with their ever-increasing severity of medical issues.

Implementation:

- Key project personnel time constraint issues.
- Support of medical daily workloads during training, testing and go-live.

Milestones

Design and Development	2/5/2009
Deployment	2/13/2009
Data Transfer and Interface Activities	3/9/2009
Testing and Training	4/10/2009
User Acceptance Testing	4/27/2009
Business Simulation	4/29/2009
Parallel Run and Go Live	5/1/2009